

HOUSE BILL 1854

By Litz

AN ACT to amend Tennessee Code Annotated, Title 56,
Chapter 7, relative to insurance coverage for
breast cancer.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by
adding the following language as a new section:

Section 56-7-2368.

(a) Any individual, franchise, blanket or group health insurance policy, medical service plan contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, health maintenance organization, or managed care organization that provides medical and surgical benefits shall provide the following coverages and benefits for breast cancer patients:

(1) A hospital stay of not less than forty-eight (48) hours in connection with a mastectomy or breast conserving surgery, including, but not limited to a lumpectomy, for the treatment of breast cancer; provided that nothing in this subdivision shall be construed as requiring such an inpatient stay if the attending physician and patient determine that either a shorter period of hospital stay, or outpatient treatment, is medically appropriate;

(2) A hospital stay of not less than twenty-four (24) hours in connection with a lymph node dissection for the treatment of breast cancer; provided that nothing in this subdivision shall be construed as requiring such an inpatient stay if the attending physician and patient

determine that either a shorter period of hospital stay, or outpatient treatment, is medically appropriate;

(3) A secondary consultation by a specialist, including, but not limited to, a pathologist, radiologist or oncologist, for any breast cancer diagnosis; provided that nothing in this subdivision shall be construed as requiring a secondary consultation where the patient determines not to seek such a consultation; and

(4) Radiation therapy for a patient undergoing a lumpectomy where lumpectomy surgery is approved by the patient's treating physician as an appropriate alternative treatment for that patient.

(b) Coverages and benefits provided pursuant to subsection (a) shall be subject to applicable copayments, coinsurance and deductibles.

(c) This section shall apply to any policy, plan, or contract entered into, delivered, issued for delivery, amended or renewed on or after July 1, 2007.

(d) Nothing in this section shall be construed to prohibit any insurer from providing medical benefits greater than, or more favorable to, the insured than the benefits established pursuant to this section.

(e) The provisions of this section shall not apply to contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or governmental plans, including the TennCare program.

SECTION 2. This act shall take effect July 1, 2007, the public welfare requiring it.